

*Lilia Berry*  
 Died at *Lanham* Town *St Marys* County MARYLAND

Date 19*02* Month *12* Day *23* Y. M. D. Native of *Ind* Occupation  
 Age  
☒ Male ☒ White ☒ Married ☐ Widow ☐ Divorced  
☐ Female ☐ Colored ☐ Single ☒ Widower Number of children living

Husband  
 of  
 Wife

Father's Name *Halder Berry* Mother's Maiden Name *Ema Jackson*

Cause of Death { Primary *Consumption* Immediate  
 How long sick *4 mo*  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Lemuel Biscala

Town

County

Died at Piney Point

St. Mary's

MARYLAND

Date 1902.

Month

Day

Y.

M.

D.

Native of

Occupation

Dec

4th

Age

4

-

-

Maryland

None

Male

White

~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name Thomas E. Biscala

Mother's Maiden Name Mary Belle Strong

Cause of Primary

Death Immediate

Diphtheria

aw

How long sick

6 days

Accident, Suicide, Homicide

Reported by

T. Horne Gresh, M.D.

Address

Valley Lee,

St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Maguire Butler

Town

County

Died at Woodlawn Hill St. Mary's MARYLAND

1902 Dec. 2 Y. M. D. Native of Maryland Occupation  
 Date 1902 Dec. 2 Age 5-  
 Male White Married Widowed  
 Female Colored Single Widower Number of children living

Husband of  
 Wife  
 Father's Name Butler Mother's Name Mary Adams

Cause of Death { Primary Whooping Cough  
 Immediate  
 How long sick 3 months  
 Accident, Suicide, Homicide

Reported by Zach. R. Morgan, M.D.  
 Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



1

Name in Full

Certificate of Death

Ruth

Dean

Town

County

Died at

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

Dec. 7

Age

0 8 0

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Lum Dean

101  
Eunice Jones

Cause of

Primary

Tonsillitis

How long sick

4 days

Death

Immediate

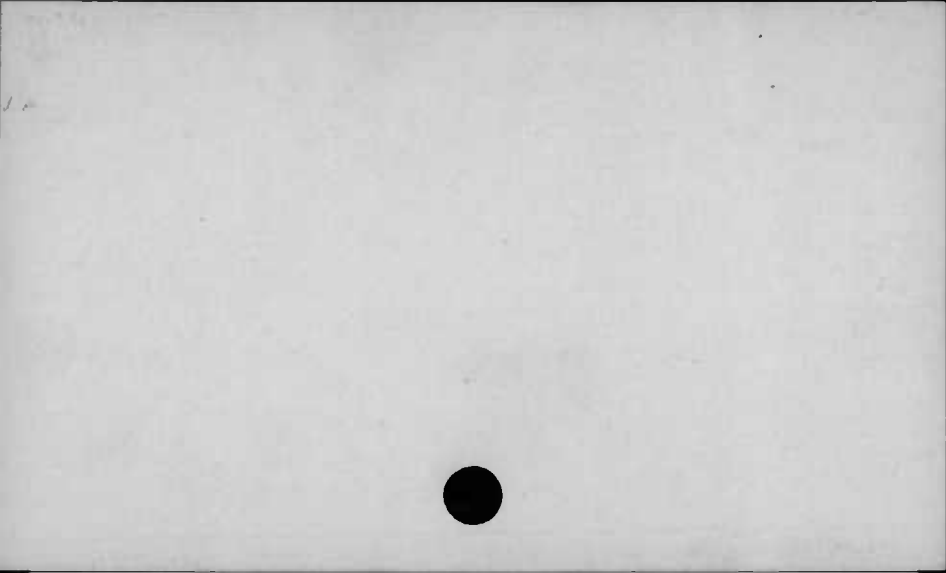
Accident, Suicide, Homicide

Reported by

Address

J. O. King  
T. Osceola

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Miss John Evans*  
 Town *St Mary's* County

Died at

MARYLAND

Date 19 *02*

Month

Day

Y.

M.

D.

Native of

Occupation

Age

*74**St Mary's*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

*one*

Husband of

Wife

*John Evans*

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

*2 months*

Death

Immediate

*Chronic this of age*

Accident, Suicide, Homicide

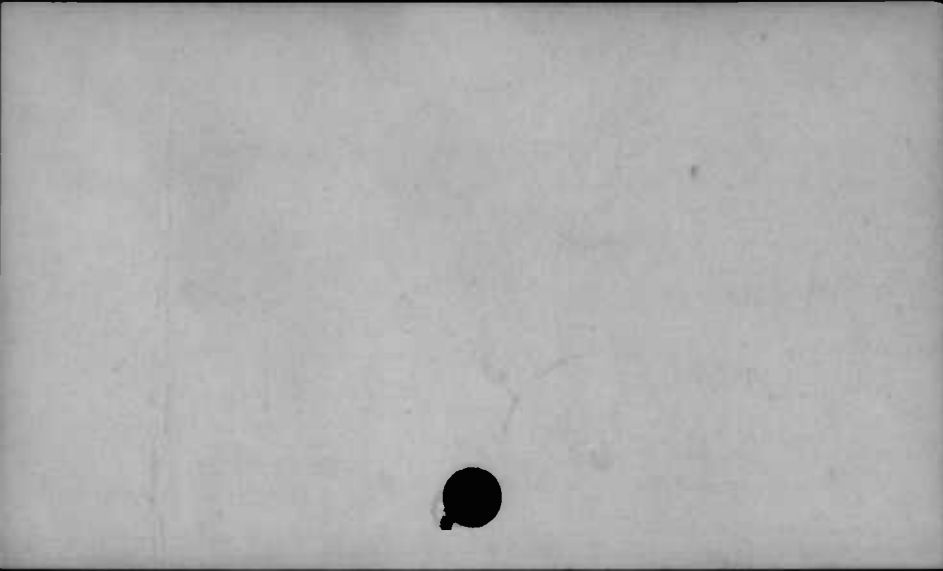
Reported by

*Dr Henry Richardson*

Address

*Meat Mills**St Mary's Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Sabing <sup>Town</sup> St. Marys <sup>County</sup> MARYLAND

Date 1902 <sup>Month</sup> 12 <sup>Day</sup> 10 | Age 0 <sup>Y.</sup> 0 <sup>M.</sup> 0 <sup>D.</sup> | Native of | Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Mary Galt

Mother's

Maiden Name

Susan Johnson

Cause of { Primary

Death { Immediate

D.

How long sick

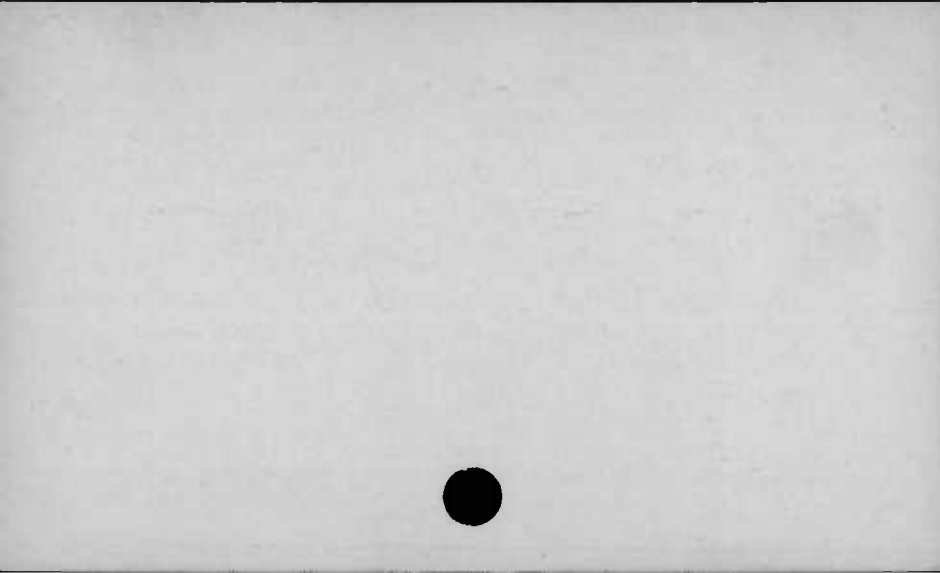
Accident, Suicide, Homicide

Reported by

John J. [unclear]  
Doyle  
[unclear]

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Andrew Mendenhall  
 Town County  
 Died at *Hollywood* *St Mary's* MARYLAND  
 Date 1900 *Nov 26* Month Day Y. M. D. Native of *Ind* Occupation *Farm Hand*  
 Male *White* Married *Widow* Divorced  
~~Female~~ Colored Single *Widower* Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

*Pneumonia**93*

How long sick

*2 weeks*

Accident, Suicide, Homicide

Reported by

Address

*J. J. King**Qorville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband  
of

Wife

Father's  
Name

Cause of

Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's  
Maiden Name

How long sick

Accident, Suicide, Homicide

